



**HIGHLAND PRESBYTERIAN CHURCH**  
**NURSERY AND WEEKDAY SCHOOL**

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1011 Cherokee Road, Louisville, KY 40204

502.456.6991

Dear Applicant,

Highland Presbyterian Church Nursery and Weekday School is pleased to be able to provide partial financial assistance to families attending our school through the Lacy Morris Scholarship Fund. This fund was established by the family of Lacy Morris, a beloved former Kindergarten teacher at our school.

Applications for assistance are **due no later than January 15** of each year and should be returned to the office in a sealed envelope *that also includes the most recent Federal Income Tax Form 1040 including all attached schedules*. Please complete the application carefully as partial or incomplete applications will not be considered.

Recipients are notified of assistance awarded when enrollment placements are announced. Information submitted is held in strictest confidence. Decisions are made by the Board Financial Assistance Committee.

If you have questions, please do not hesitate to contact us.

Kind regards,

*Amy*

Amy Fitzgerald, Director

**APPLICATION FOR FINANCIAL ASSISTANCE**  
**Highland Presbyterian Church Nursery and Weekday School**  
**1011 Cherokee Road, Louisville, KY 40204**

Highland Presbyterian Church Nursery and Weekday School affirms its commitment to actively strive to become a community of students, families, and staff from diverse cultural, socioeconomic, religious, and ethnic backgrounds.

**APPLICATIONS ARE DUE ON or BEFORE JANUARY 15, 2025.**

**AMOUNT OF FINANCIAL AID REQUESTED \$ \_\_\_\_\_** (a specific dollar amount is required)

**Child's name** \_\_\_\_\_

Class requested for 2025-2026 school year \_\_\_\_\_

Do you plan to use Early Play? \_\_\_\_\_ Extended Play? \_\_\_\_\_ How many days per week? \_\_\_\_\_

**First Parent's/Guardian's name** \_\_\_\_\_

Home address \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Title \_\_\_\_\_

Total gross income 2023 (**attach 1040 and ALL schedules\*\***) \_\_\_\_\_

Gross income 2024 \_\_\_\_\_ Expected income 2025 \_\_\_\_\_

**Second Parent's/Guardian's name** \_\_\_\_\_

Home address \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Title \_\_\_\_\_

Total gross income 2023 (**attach 1040 and ALL schedules\*\***) \_\_\_\_\_

Gross income 2024 \_\_\_\_\_ Expected income 2025 \_\_\_\_\_

**Have you/will you apply for government assistance funding through the Child Care Assistance Program (CCAP)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

List all other children in your family:

Name(s):	Age(s):	School(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own or rent your home? \_\_\_\_\_ Monthly Rent or Mortgage Payment \_\_\_\_\_

List all motor vehicles you own or lease:

Make	Model	Year	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*Please attach a copy of your last completed Federal Income Tax Form 1040 (including ALL attached schedules), to this application on or before January 15, 2025.**

Please list all additional money received and not disclosed on income tax forms (such as gifts from relatives or friends, a trust fund or corporation, social security/disability benefits, workers' compensation, insurance, childcare wages, tips, etc.).

Source of unreported income	Amount received 2024	Amount expected 2025
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identify any checking, savings, or investment funds you control (other than 401(k), or equivalent employer-sponsored deferred income retirement accounts) and the amounts in each such fund or account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe all facts and circumstances which you believe would be helpful to the school in evaluating your request for financial aid. Feel free to attach additional pages if necessary.

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I understand that the school has limited funds to offer for financial assistance each year and therefore relies on the integrity of all applicants to ensure that our limited resources are given to the neediest families. I therefore certify that all statements and representations contained in the application and all supporting information provided with this application are correct and complete.

\_\_\_\_\_  
Signature of First Parent/Guardian

\_\_\_\_\_  
Signature of Second Parent/Guardian

**Please return both pages of this application and required forms to the school office no later than January 15, 2025.**